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DATE: May 30, 2008  
DOCKET: 67272-8055.US01 Application No. 10/777,418  
RECIPIENT: Examiner Tarek Chbouki  
COMPANY: United States Patent and Trademark Office  
FACSIMILE: (571) 273-8300  
PHONE: (571) 270-3154  
FROM: Lori Millsaps  
PHONE: (650) 838-4404

PAGES (Including Cover  
Sheet):

2

HARD COPY TO  
FOLLOW☐

YES

☒

NO

Dear Examiner:

Please see the attached Interview Request Form being sent to you on behalf of Mr. Jordan Becker.

Please feel free to contact me directly if you have any questions in regard to this transmission. Also, please feel free to contact me in order to set up the Interview with Jordan Becker or you may contact him directly at (650) 838-4365.

Thank you.

If your receipt of this transmission is in error, please notify this firm immediately by collect call to sender at (650) 838-4300 and send the original transmission to us by return mail at the address below.

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PTOL-413A (07-07)

Approved for use through 09/30/2007. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

## Applicant Initiated Interview Request Form

Application No.: 10/777,418 First Named Applicant: Robert M. Amitano  
 Examiner: Tarek Chbouki Art Unit: 2165 Status of Application: Pending

## Tentative Participants:

(1) Examiner Chbouki (2) Jordan Becker  
 (3) Primary Examiner (4) \_\_\_\_\_

Proposed Date of Interview: TBD Proposed Time: 1:00 or later (AM/PM)

## Type of Interview Requested:

(1) ☒ Telephonic (2) ☐ Personal (3) ☐ Video Conference

Exhibit To Be Shown or Demonstrated: ☐ YES ☒ NO  
 If yes, provide brief description: \_\_\_\_\_

## Issues To Be Discussed

Issues (Rej., Obj., etc)	Claims/ Fig. #s	Prior Art Theimer	Discussed	Agreed	Not Agreed
(1) <u>Rej. 102</u>	<u>1, 16</u>	<u>Theimer</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Continuation Sheet Attached

## Brief Description of Arguments to be Presented:

Theimer does not disclose all of the limitations of Claim 1 or Dependent Claim 16. Applicant proposes to rewrite Claim 16 in Independent form. Applicant also wishes to discuss the possibility of adding Claims directed to subject matter described in Para. [0018] of Applicant's Specification.

An interview was conducted on the above-identified application on \_\_\_\_\_.  
**NOTE:** This form should be completed by applicant and submitted to the examiner in advance of the interview (see MPEP § 713.01).

This application will not be delayed from issue because of applicant's failure to submit a written record of this interview. Therefore, applicant is advised to file a statement of the substance of this interview (37 CFR 1.133(b)) as soon as possible.

\_\_\_\_\_  
 Applicant/Applicant's Representative Signature

\_\_\_\_\_  
 Examiner/SPE Signature

Jordan M. Becker

Typed/Printed Name of Applicant or Representative

39,602

Registration Number, if applicable

This collection of information is required by 37 CFR 1.133. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.